

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GOLDEN HOMES (410519)

Address: 140 S MAYFLOWER DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095101 **End Date:** 06/23/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094453 **End Date:** 02/08/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007098 Served 04/04/2005

Deficiencies Cited
50.065(6)(b)

Subject Area
CREDENTIALIAED CAREGIVERS

Compliance
Verified
05/20/2005

Corrected
Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0094172 End Date: 01/26/2005 Type: OTHER Purpose: OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007115 Served 03/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(2)(c)1	HANDRAILS	06/17/2005	Yes
83.51(1)(e)	CLEARED PATHWAY FROM EXITS	06/17/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	06/17/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	06/17/2005	Yes
83.55(4)(e)	SAFETY	06/17/2005	Yes

Survey ID: 0093787 End Date: 11/30/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007059 Served 12/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(2)	GENERAL SERVICES		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

Survey ID: 0092869 End Date: 07/06/2004 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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Survey ID: 0092139 End Date: 03/04/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006941 Served 03/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	07/06/2004	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/06/2004	Yes
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED	07/06/2004	Yes
83.19(1)(c)	SERVICE AVAILABILITY AND FEES	07/06/2004	Yes
83.21(4)(q)	CHOICE OF PROVIDERS	07/06/2004	Yes
83.21(4)(t)	INCOMPETENCY	07/06/2004	Yes
83.32(1)(a)	ASSESSMENT AND ISP	07/06/2004	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	07/06/2004	Yes
83.33(3)(e)2.b	INJECTIONS	07/06/2004	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/06/2004	Yes

Survey ID: 0090594 End Date: 06/18/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006247 Served 07/10/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)	TRAINING	03/04/2004	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	03/04/2004	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	03/04/2004	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/04/2004	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	07/06/2004	Yes
83.33(3)(e)2.b	INJECTIONS	07/06/2004	Yes

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 04/01/2005 SOD #10007098 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Date: 12/17/2004 SOD #10007059 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)
FORFEITURE---83.33(2)(c)

Date: 03/17/2004 SOD #10006941 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.19(1)(c)
FORFEITURE---83.21(4)(q)
FORFEITURE---83.21(4)(t)
FORFEITURE---83.33(2)(d)
FORFEITURE---83.33(3)(e)2.b
FORFEITURE---Cont Assessment 83.11(3)(a)

Date: 07/07/2003 SOD #10006247 Appealed: No

Sanctions

PROVIDE TRAINING
OTHER SANCTION
FORFEITURE---83.14(1)
FORFEITURE---83.14(2)
FORFEITURE---83.21(4)(n)4
FORFEITURE---83.33(3)(e)2.b

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 10/18/2004

Date Investigation Completed: 12/01/2004

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10007059

Date Complaint Received: 12/15/2003

Date Investigation Completed: 03/04/2004

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10006941

10006941

Date Complaint Received: 12/04/2003

Date Investigation Completed: 03/09/2004

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10006941

10006941

Date Complaint Received: 11/21/2003

Date Investigation Completed: 03/09/2004

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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